STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Marchant for Congress 848 N Rainbow Blvd ADDRESS (number and street) # 464 (Check if address is changed) Las Vegas 89107-1103 NV CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dsatterfield@hdafec.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.jimmarchant.com (Check if address is changed) DATE 2020 C00694711 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Satterfield, David, , , Type or Print Name of Treasurer Satterfield, David, , , [Electronically Filed] 10 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE Candidate Committee:	
	mmittee. (Complete the candidate information below.)
(b) This committee is an authorized committee information below.)	e, and is NOT a principal campaign committee. (Complete the candidate
Name of Candidate Marchant, Jim, , ,	
Candidate Party Affiliation REP Office Sought:	House Senate President State NV District
(c) This committee supports/opposes only one	e candidate, and is NOT an authorized committee.
Name of Candidate	
Party Committee:	Vational, State (Democratic,
	r subordinate) committee of the Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated f	fund. (Identify connected organization on line 6.) Its connected organization is a
Corporation	Corporation w/o Capital Stock Labor Organization
Membership Organization	Trade Association Cooperative
In addition, this committee is	s a Lobbyist/Registrant PAC.
(f) This committee supports/opposes more the committee. (i.e., nonconnected committee)	an one Federal candidate, and is NOT a separate segregated fund or party
In addition, this committee is a Lobb	yist/Registrant PAC.
In addition, this committee is a Lead	ership PAC. (Identify sponsor on line 6.)
Joint Fundraising Representative:	
(g) This committee collects contributions, pays f	fundraising expenses and disburses net proceeds for two or more political nich is an authorized committee of a federal candidate.
	undraising expenses and disburses net proceeds for two or more political an authorized committee of a federal candidate.
Committees Participating in Joint Fundraise	r
1. [FEC ID number
2.	FEC ID number
3.	FEC ID number
4	FEC ID number

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Write or Type Committee Nam		9- •
Marchant for C		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
Marchant for NV-04		
	PO Box 30844	
Mailing Address		
	Bethesda MD 20)824-0844
	CITY STATE	ZIP CODE
	Affiliated Committee Joint Fundraising Representative entify by name, address (phone number optional) and position of the person	Leadership PAC Sponsor in possession of committee
	d, David, , ,	
Full Name		
Mailing Address	228 S Washington Street	
	Suite 115	
	Alexandria VA 22	2314-5404
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number 703	549 7705
. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
Full Name Satterfield of Treasurer	d, David, , ,	
Mailing Address	228 S Washington Street	
	Suite 115	
		2314-5404
Title or Position Treasurer	CITY STATE 703 Telephone number	ZIP CODE
	Totophone number	

Full Name of Designated Agent Mailing Address CITY STATE ZIP of Title or Position Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accessfety deposit boxes or maintains funds. Name of Bank, Depository, etc. Bank of Nevada Mailing Address Bank of Nevada Las Vegas NV 89149 CITY STATE ZIP of Title or Position CITY STATE ZIP of Title or Position	-
Designated Agent Mailing Address CITY STATE ZIP OF Title or Position Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accessafety deposit boxes or maintains funds. Name of Bank, Depository, etc. Bank of Nevada Mailing Address Bank of Nevada Mailing Address NV 89149	
Mailing Address CITY STATE ZIP OF Title or Position Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accessafety deposit boxes or maintains funds. Name of Bank, Depository, etc. Bank of Nevada Mailing Address 8505 Centennial Parkway Las Vegas NV 89149	
Title or Position Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accessafety deposit boxes or maintains funds. Name of Bank, Depository, etc. Bank of Nevada Mailing Address Bank of Nevada Las Vegas NV 89149	
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accessfety deposit boxes or maintains funds. Name of Bank, Depository, etc. Bank of Nevada 8505 Centennial Parkway Las Vegas NV 89149	
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accessfety deposit boxes or maintains funds. Name of Bank, Depository, etc. Bank of Nevada 8505 Centennial Parkway Las Vegas NV 89149	-
Safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Bank of Nevada 8505 Centennial Parkway Mailing Address Las Vegas NV 89149	
Mailing Address Las Vegas NV 89149	unts, rents
CITY STATE 71D (]-[
OIT STATE ZIP (ODE
Name of Bank, Depository, etc.	
BB&T 300 S Washington Street Mailing Address	
<u> </u>	
Alexandria VA 22314	
CITY STATE ZIP (

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi ı	ng Participant:				
1.			FEC ID r	number	С
2.			FEC ID r	number	C
3.			FEC ID r	number	С
4.			FEC ID r	number	С
ame of Any Connected	Organization, Affiliated	Committee, Joint Fur	ndraising Repre	sentative	e, or Leadership PAC Spon
Cruz 20 For 20 V	ictory Fund				
1					
Mailing Address	PO Box 341027				
	1			1 1 1	
	Austin			TX	78734-0018
Relationship:		CITY A		STATE A	ZIP CODE A
		-			
Connecte	d Organization Affiliat		oint Fundraising F	Representa	ative Leadership PAC S
Connecte esignated Agent: Identif				Representa	Leadership PAC S
Connecte				Representa	Leadership PAC S
Connecte esignated Agent: Identif				Representa	Leadership PAC S
Connecte esignated Agent: Identif	y by name, address (phor	ne number – optional)			
Connecte esignated Agent: Identif	y by name, address (phor			Representa	
esignated Agent: Identification Full Name Mailing Address	y by name, address (phor	ne number – optional)		ATE A	
esignated Agent: Identification Full Name Mailing Address	y by name, address (phor	ne number – optional)	ST	ATE A	
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	y by name, address (phor	ne number – optional)	ST. Telephone Num	ATE Anber	
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Connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	y by name, address (phore the stress of the	ne number – optional)	ST. Telephone Num	ATE Anber	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3		FEC ID number	C
	4		FEC ID number	C
6.	Name of Any Connected Marchant Victory (Organization, Affiliated Committee, Joint Fundraisi Committee	ng Representative	e, or Leadership PAC Sponsor
	Mailing Address	50 S Jones Blvd		
		Ste 201		
		Las Vegas	NV	89107-2680
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint Fur	ndraising Representa	tive Leadership PAC Sponsor
8.		by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number – optional)	1 1 1 1 1	
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A		ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma	CITY A Teleph Ties: List all banks or other depositories in which the	STATE ▲	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY A Teleph Ties: List all banks or other depositories in which the	STATE ▲	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, Truist	CITY A Teleph Ties: List all banks or other depositories in which the	STATE ▲	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching and the position of t	CITY CITY Teleph Ties: List all banks or other depositories in which the intains funds.	STATE ▲	
 8. 9. 	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching and the position of t	CITY CITY Teleph ries: List all banks or other depositories in which the intains funds.	STATE ▲	